

ISSUE SLIP STATION AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	<i>Teguest</i>	995	01/16/01
FORMALITY REVIEW	<i>0 T2</i>	947	08-03-01
RESPONSE FORMALITY REVIEW			10/25/01

INDEX OF CLAIMS

✓ Rejected
 u Allowed
 - (Through numeral) ... Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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61
16
125/01